

2004 MICHIGAN Home Heating Credit Claim MI-1040CR-7

Type or print in blue or black ink.

Print numbers like this: 0123456789 - NOT like this: 0147

Attachment Sequence No. 08

PLACE LABEL HERE	▶ 1. Filer's First Name		M.I.	Last Name		▶ 2. Filer's Social Security No. (Example: 123-45-6789)	
	If a Joint Return, Spouse's First Name		M.I.	Last Name		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	Home Address (No., Street, P.O. Box or Rural Route)					▶ 3. Spouse's Social Security No. (Example: 123-45-6789)	
	City or Town					State	ZIP Code
							▶ 4. County Code (p.15)

- ▶ 5. Are your heating costs currently included in your rent or is your heat service in someone else's name (see instructions)? ☐ Yes ☐ No
- ▶ 6. Do you want your name and address referred to other government assistance programs for which you may qualify? ☐ Yes ☐ No
- ▶ 7. Do you or your spouse now receive Supplemental Security Income (SSI)? ☐ Yes ☐ No
- ▶ 8. AGE. If you are age 60 or older, enter your age
- | | |
|-----|--------|
| You | Spouse |
|-----|--------|
- ▶ 9. How much were you billed for heat between 11/1/2003 - 10/31/2004?.....
- | | |
|--|----|
| | 00 |
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- ▶ 10. If you live in one of these CARE facilities, check the box.
- | | |
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| a. <input type="checkbox"/> Nursing Home | b. <input type="checkbox"/> Adult Foster Care Home |
| c. <input type="checkbox"/> Licensed Home for the Aged | d. <input type="checkbox"/> Substance Abuse Center |

- ▶ 11. **Exemptions.** Enter the number that applies to you, your spouse, or your dependents and complete line 12 below.
- | | | |
|---|------|---|
| Personal Exemption | ▶ a. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Age 65 or older | ▶ b. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Deaf, Disabled or Blind | ▶ c. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Unemployment compensation greater than 50% of AGI | ▶ d. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Number of children living with you: | ▶ e. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| • Ages 2 and under..... | | |
| • Ages 3-5..... | ▶ f. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| • Ages 6-18..... | ▶ g. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Dependent adults, other than your spouse, who live with you | ▶ h. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |
| Add lines 11a through 11h | i. | <div style="border: 1px solid black; height: 20px; width: 50px;"></div> |

12. Enter below the name, Social Security number, relationship and age of the dependents you claimed in line 11, e - h above.

Dependent's Name	Dependent's Relationship to You	Social Security Number	Age in Years
a.			
b.			
c.			
d.			

13. Wages, salaries, tips, sick, strike and SUB pay, etc	13.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
14. All interest and dividend income (including nontaxable interest)	14.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
15. Net rent, business or royalty income (including self-employment)	▶ 15.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
16. Annuity, retirement pension and IRA benefits. Name of Payer:	16.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
17. Net farm income	17.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
18. Capital gains less capital losses	18.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
19. Alimony and other taxable income (see instructions). Describe:	19.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits	▶ 20.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
21. Child support	21.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
22. Unemployment compensation	▶ 22.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
23. Other nontaxable income (see instructions). Describe:	23.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
24. Workers' compensation, veterans' disability compensation and pension benefits	24.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
25. FIP and other FIA benefits	▶ 25.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00
26. Subtotal. Add lines 13 - 25. Enter here and carry amount to line 27	26.	<div style="border: 1px solid black; height: 20px; width: 100px;"></div>	00

Filer's Social Security Number

27. Enter amount from line 26 27.

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28. Other adjustments (see instructions).
Describe: 28.

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29. Medical insurance or HMO premiums you paid for you and your family 29.

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30. Add lines 28 and 29 30.

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31. **HOUSEHOLD INCOME.** Subtract line 30 from line 27. If line 30 is greater than line 27, enter "0" ▶ 31.

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Standard and Alternate Home Heating Credit Computations

32. **STANDARD CREDIT.** Standard allowance from Table A, p.15 32.

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33. Multiply household income (line 31) by 3.5% (.035) 33.

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34. Subtract line 33 from line 32 for standard credit amount.
If line 33 is greater than line 32, enter "0" 34.

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35. If you answered "Yes" to line 5, multiply the amount on line 34 by 50% (.50). Enter here and on line 40. (If approved, the final amount as shown on line 41 is issued as a check.) 35.

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36. **ALTERNATE CREDIT.** Total heating costs from line 9 or \$1,843 (whichever is less) 36.

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37. Multiply household income (line 31) by 11% (.11) 37.

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38. Subtract line 37 from line 36. If line 37 is greater than line 36, enter "0" 38.

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39. Multiply line 38 by 70% (.70) for alternate credit amount 39.

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40. If you completed line 35, enter that amount here. Otherwise, enter the larger of lines 34 or 39 here 40.

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41. **HOME HEATING CREDIT.** Multiply the amount on line 40 by 76% (0.76) ▶ 41.

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42. RESIDENCY in 2004.

a. ☐ Residentb. ☐ Nonresidentc. ☐ Part-Year Resident*

*If you checked box "c," enter dates of residency in 2004.
Enter dates as MM-DD-YYYY (Example: 04-15-2004)

FROM:

TO:

YOU		SPOUSE	
—	— 2004	—	— 2004
—	— 2004	—	— 2004

IMPORTANT

43. ▶ ☐ **If you are an FIA recipient, you must check this box to receive a refund from your heat provider for any overpayment to your heat account, if eligible. See instructions, p. 8**

Before you sign, please review your claim. Make sure your name, Social Security number and current mailing address are on the form and that you have answered all the questions that pertain to you.

Deceased Taxpayers. If Filer and/or Spouse died after 12-31-2003, enter dates below. <small>Enter dates as MM-DD-YYYY. Example: 04-15-2005</small>		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.					
▶ Filer <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr></table>	—	—	▶ Spouse <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"><tr><td style="text-align: center;">—</td><td style="text-align: center;">—</td></tr></table>	—	—	▶ Preparer's SSN, PTIN or FEIN <table border="1" style="width: 100%; height: 20px;"></table>	
—	—						
—	—						
Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		▶ Preparer's Name (print or type) <table border="1" style="width: 100%; height: 20px;"></table>					
Filer's Signature	Date	Preparer's Address (print or type)					
Spouse's Signature	Date						
▶ I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No							

**File (postmark) your claim by September 30, 2005. Mail your claim to: Michigan Department of Treasury
Lansing, MI 48956**

+ 0000 2004 37 02 27 3